



Cause Number: 141 305850 19
(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: Lisa A. Biron
(Print first and last name of the person filing the lawsuit.)

In the (check one):
48th ☒ District Court
Court ☐ County Court / County Court at Law
Number ☐ Justice Court

And
Defendant: FMC Carswell and Warden Jody Upton;
L. Armstrong & E. Dixon
(Print first and last name of the person being sued.)

Tarrant Texas
County

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

FILED
TARRANT COUNTY
2019 FEB 25 AM 16
THOMAS A. BAKER
CLERK

1. Your Information

My full legal name is: Lisa Ann Biron My date of birth is:
First Middle Last Month/Day/Year

My address is: (Home) Federal Correctional Institution
(Mailing) P.O. Box 1731, Waseca, MN 56093

My phone number: N/A My email: N/A

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1 <u>N/A</u>		
2		
3		
4		
5		
6		

2. Are you represented by Legal Aid?

☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-or-

☐ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☒ I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

☒ I do not receive needs-based public benefits. - or -

☐ I receive these public benefits/government entitlements that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD
☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance
☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")
☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant
☐ County Assistance, County Health Care, or General Assistance (GA)
☒ Other: I am an indigent Federal inmate who has been incarcerated since 11/2012

4. What is your monthly income and income sources?

"I get this monthly income:

\$ 15.00 in monthly wages. I work as an Orderly @ .12/hour for the FBOP
Your job title Your employer

\$ _____ in monthly unemployment. I have been unemployed since (date) _____

\$ 125.00 in monthly gifts from my family

\$ _____ from other people in my household each month: (List only if other members contribute to your household income.)

\$ _____ from ☐ Retirement/Pension ☐ Tips, bonuses ☐ Disability ☐ Worker's Comp
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties
☐ Child/spousal support
☐ My spouse's income or income from another member of my household (If available)

\$ _____ from other jobs/sources of income. (Describe) _____

\$ 140.00 is my **total monthly** income.**5. What is the value of your property?**

"My property includes:

	Value*
	\$ N/A
Cash	\$ _____
Bank accounts, other financial assets	
<u>Inmate Account</u>	\$ <u>50.15</u>
_____	\$ _____
_____	\$ _____
Vehicles (cars, boats) (make and year)	
<u>N/A</u>	\$ _____
_____	\$ _____
_____	\$ _____
Other property (like jewelry, stocks, land, another house, etc.)	
<u>N/A</u>	\$ _____
_____	\$ _____
_____	\$ _____
Total value of property	→ \$ <u>50.15</u>

6. What are your monthly expenses?

"My monthly expenses are:

	Amount
Rent/house payments/maintenance	\$ _____
Food and household supplies	\$ <u>100.00</u>
Utilities and telephone and postage	\$ <u>40.00</u>
Clothing and laundry	\$ _____
Medical and dental expenses	\$ _____
Insurance (life, health, auto, etc.)	\$ _____
School and child care	\$ _____
Transportation, auto repair, gas	\$ _____
Child / spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments paid to: (List)	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	→ \$ <u>140.00</u>

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My debts include: (List debt and amount owed) I owe approximately \$ 150,000.00 in student loans.
As stated, supra, I am an indigent Federal inmate incarcerated since 11/2012.

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page. ☐

8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

☒ I cannot afford to pay court costs.☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.My name is Lisa A. Biron (Reg. # 12775-049) My date of birth is: [REDACTED]My address is FCI Waseca, P.O. Box 1731, Waseca, MN 56093 Waseca
Street City State Zip Code Country

▶ Lisa Biron signed on 02/18/19 in Waseca County, Minnesota
Signature Month/Day/Year county name State



FILED
TARRANT COUNTY

2019 FEB 25 AM 10:16

THOMAS A. WILDER
DISTRICT CLERK

12775-049
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12775-049

Tarrant County District Ct
Thomas Wilder, Clerk
100 N Calhoun ST
FORT Worth, TX 76196
United States

Attn: Deputy Dist. Clerk *Forthetter*